

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
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7		1				
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46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1		1		1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1		1		1